



**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION**

**Leiopapa A Kamehameha  
235 S. Beretania Street, #300  
Honolulu, Hawaii 96813  
Phone: (808) 586-0285  
Fax: (808) 586-0288**

**Docket No.**

**COMPLAINT FORM**

<hr/>			<hr/>		
Name (Complainant)			Name of company or individual against whom you complain (Respondent)		
<hr/>			<hr/>		
Address			Address		
<hr/>			<hr/>		
City	State	Zipcode	City	State	Zipcode
<hr/>			<hr/>		
( ) -	( ) -		( ) -	( ) -	
<hr/>			<hr/>		
Residence Phone		Business Phone	Residence Phone		Business Phone

The complaint must be completed by including the following items. Attach the information to this complaint form.

- I. Cite the law(s) or rule(s) that you believe has been violated.
- II. Provide a specific and detailed statement of the complaint, and the reasons why the law(s) or rule(s) has been violated.
- III. Provide a complete description of the incident or evidence to support the claim that a specific law or rule has been violated, including all dates and parties involved.
- IV. Attach all documents or other data that you believe supports the complaint, including the originals whenever available. If the documents or other data on which you rely is not in your possession, please provide specific information regarding their location and accessibility.
- V. Provide a statement of the action requested or the remedy you desire.

Complaints made on behalf of another individual or organization must have the express authorization to represent such individual or organization.

(PLEASE TYPE OR PRINT CLEARLY WITH INK)